

Massachusetts Department of Environmental Protection - Drinking Water Program

BrO₃

Bromate Report

I. P	I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form															
PW	S ID #:		City / Town:													
PW	S Name:		PWS Class: COM NTNC													
DEP LOCATION (LOC) ID#			ı	DEP Location Name					Sample Information			Date Collected		Ву		
Α							☐ (M)∪	ıltiple ngle	(R)av							
В						☐ (M)ultiple ☐ (R)aw ☐ (S)ingle ☐ (F)inished										
	Routine or Special Sample		If Resubmitted Report, list							ist below: (2) Collection Date of Original Sample						
Α	□RS □SS	☐ Ori	ginal 🔲 Resub	mitted Confirmation	on 🔲	Resample Reanalysis Report Correction										
В	□RS □SS	☐ Ori	ginal 🔲 Resub	mitted Confirmation	on 🗆	☐ Resample ☐ Reanalysis ☐ Report Correction										
	SAMPLE NOTES -	S – (Such as, if a Manifold/Multiple sample, list the sources that were on-line line during sample collection).														
Α																
В																
11 4	II. ANALYTICAL LABORATORY INFORMATION:															
Primary Lab MA Cert. #: Subcontracted? (Y/N)																
F	BROMATE Result (mg/L)	MCL (mg/L)	I ah Meth		d	Date Analyzed				ysis Lab A Cert# Anal		alysis Lab Name				
Α		0.010														
В		0.010														
	Bromate monitoring is required for community and non-transient non-community systems using ozone for disinfection or oxidation.															
Treated (finished) water BROMATE sampling shall be collected at the entry-point to the distribution system while the ozonation system is operating under normal conditions. Effective 1/1/2009, the running annual average for finished water bromate concentrations must remain equal to or less than 0.0025 mg/l to qualify and remain on reduced bromate monitoring.																
	LAB SAMPLE NOT	ES	ES													
Α																
В			-													
	I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge. Primary Lab Director Signature: Date:															
If no	If not submitting these results electronically, mail <u>TWO</u> copies of this report to your DEP Regional Office no later than 10 days after the end of the month in which you received this report <u>or</u> no later than 10 days after the end of the reporting period, whichever is sooner.															
DEF	PREVIEW STATUS	S (Initial	& Date)		Rev	-						□ wots				
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